No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39755

FILED DEC 8 - 1951

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10517

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS Mo
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2734 a ARMAND

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 2239
d. STREET ADDRESS (If rural, give location): 2734 a ARMAND

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): ELMER
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): Nov. 24 1951

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: MAY 7 1892
9. AGE (In years last birthday): 59 — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): ILLINOIS
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: JOHN SMITH
13b. MOTHER'S MAIDEN NAME: LOTTIE AKERS
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: CORA BRIGHT — **ADDRESS**: 2734 a ARMAND

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Para Plegia — 20 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 352X

22. *I hereby certify that I attended the deceased from* Nov 18, 1951, *to* Nov 24, 1951, *that I last saw the deceased alive on* Nov 24, 1951, *and that death occurred at* 6.00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: William J. Nash (Degree or title): DO
23b. ADDRESS: 1929 So 18th St Louis 4 Mo
23c. DATE SIGNED: 11/26/51

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: Nov. 27 1951
24c. NAME OF CEMETERY OR CREMATORY: CALVARY CEM.
24d. LOCATION (City, town, or county) (State): ST. LOUIS MO

DATE REC'D BY LOCAL REG.: NOV 26 1951
REGISTRAR'S SIGNATURE: Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Thomas Kutis — **ADDRESS**: 2906 Gravois

(Licensed Embalmer's Statement on Reverse Side)

No.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Leo J Budde

Licensed Embalmer No. 3989

P. O. Address 2906 Bravo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.